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## APPLICANTS

Todd Heintz, Vancouver, CANADA;  
 Jon T. Winebrenner, Richmond, CANADA;

\*\* CONTINUING DATA \*\*\*\*\* *No. A.P.* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No. A.P.* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>A.P.</i>				

## ADDRESS

Robert E. Krebs  
 Thelen Reid & Priest, LLP  
 P.O. Box 640640  
 San Jose, CA95164-0640

## TITLE

Electronic device with fold out display and/or keyboard

<b>FILING FEE RECEIVED</b> 1486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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